PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10 03-85049 (BS0305-71)					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE		•	OR	OTHER SMALL	THAN	
T	OTAL CLAIMS		72		·			RAT	E	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	22 minus 20=		• 2			X\$ 9	=		OR	XS18=	36	
INC	EPENDENT C	LAIMS	3 minus 3 =		*			X43:	-		OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT				144				1	600		
* If the difference in column 1 is less than zero, enter "0" in column 2								+145= TOTAL			OR	+290≈	~~ (
•									L		OR	TOTAL	806	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER TH SMALL ENTITY OR SMALL EN						
AMENDMENT A	5-2-06	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 12	Minus	-2	2	=		XS 9=	_		OR	X\$18=		
	independent	. 2	Minus	 3	3	=	-	X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+145=	_		OR	+290=		
									AL			TOTAL	·	
(Column 1) (Column 2) (Column 3)									EE	,	, ,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIĞHE NUMB		ST				ADDI-	ļ		ADDI-	
		AFTER AMENDMENT	-	PREVIO	USLY	EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**				X\$ 9=			OR	X\$18=		
	Independent	*	Minus	****		=		X43=			OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145	寸			.200-		
		L	+145=			OR	+290= TOTAL							
									EL		OR ,	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	** .		=		X\$ 9=	7		OR	X\$18=		
	Independent	•	Minus	***		=	 	X43=	+	<u> </u>	Ì	X86=	· .	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁		OR			
+145= OR +29														
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ***Ti the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.* ***Till the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.*											OR ,	TOTAL ODIT. FEE		
		mber Previously Pa iber Previously Pai					er foui	nd in the a	appr	ropriate box	in colu	JMA 1.		